

1. CIR./DIST./DIV. CODE TNW	2. PERSON REPRESENTED Stafford, James	3. VOUCHER NUMBER
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3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 2:04-020254-004	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
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7. IN CASE/MATTER OF (Case Name) U.S. v. Stafford	8. TYPE PERSON REPRESENTED Adult Defendant	9. REPRESENTATION TYPE Federal Capital Prosecution
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10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) 1) 18 USC F -- VIOLENT CRIME/DRUGS/MACHINE GUN		If more than one offense, list (up to five) major offenses charged, according to severity of offense.
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11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Harviel, T Clifton Harviel Law Office 50 North Front Street Suite 850 Memphis TN 38103 Telephone Number: (901) 543-9799	12. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney Prior Attorney's Name: _____ Appointment Date: _____ (A) Because the above-named person represented has testified under oath or has otherwise satisfied the court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications required by law, is appointed to represent this person in this case. (B) The attorney named in Item 11 is appointed to serve as: <input type="checkbox"/> LEAD COUNSEL <input type="checkbox"/> CO-COUNSEL Name of Co-Counsel or Lead Counsel: _____ Appointment Date: _____ (C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead counsel or co-counsel). <input type="checkbox"/> (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time for such a period without compensation, interim payments or compensation and expenses are approved pursuant to the attached order. <i>[Signature]</i> Signature of Presiding Judicial Officer or By Order of the Court 08/23/2005
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13. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)	Appointment Date: _____ (E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO Nunc Pro Tunc Date _____
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14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.
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CAPITAL PROSECUTION	HABEAS CORPUS	OTHER PROCEEDING
a <input type="checkbox"/> Pre-Trial c <input type="checkbox"/> Appeal b <input type="checkbox"/> Trial d <input type="checkbox"/> Sentencing e <input type="checkbox"/> Other Post Trial f <input type="checkbox"/> Petition for the U.S. g <input type="checkbox"/> Habeas Petition h <input type="checkbox"/> Evidentiary Hearing i <input type="checkbox"/> Supreme Court j <input type="checkbox"/> Writ of Certiorari k <input type="checkbox"/> Petition for the U.S. l <input type="checkbox"/> Dispositive Motions m <input type="checkbox"/> Appeal n <input type="checkbox"/> Supreme Court o <input type="checkbox"/> Writ of Certiorari to the U.S. p <input type="checkbox"/> Supreme Court Regarding Denial of Stay q <input type="checkbox"/> Other		

15. CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. In-Court Hearings (Rate per Hour = \$)					IN COURT TOTAL (Category a)
b. Interviews and Conferences with Client					
c. Witness Interviews					
d. Consultation with Investigators and Experts					
e. Obtaining and Reviewing the Court Record					
f. Obtaining and Reviewing Documents and Evidence					
g. Consulting with Expert Counsel					
h. Legal Research and Writing					
i. Travel					
j. Other (Specify on additional sheets)					
Totals: Categories b thru j. (Rate per hour = \$)					

16. Travel Expenses (lodging, parking, meals, mileage, etc.)		
17. Other Expenses (other than expert, transcripts, etc.)		

18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____	19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	20. CASE DISPOSITION
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21. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.	Date: _____
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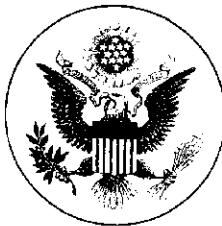
Signature of Attorney: _____ Date: _____

APPROVED FOR PAYMENT - COURT USE ONLY

22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES	26. TOTAL AMT APPROVED
27. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	27a. JUDGE CODE

FILED
05 AUG 26 AM 9:20
CLERK, U.S. DISTRICT COURT
MEMPHIS

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Notice of Distribution

This notice confirms a copy of the document docketed as number 209 in case 2:04-CR-20254 was distributed by fax, mail, or direct printing on August 29, 2005 to the parties listed.

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Honorable Bernice Donald
US DISTRICT COURT